

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814, M.S. 17-20
(916) 322-3216



April 11, 1985

ALL-COUNTY LETTER NO. 85-43

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATEWIDE AUTOMATED WELFARE SYSTEM (SAWS) FOOD STAMP ON-LINE
ISSUANCE SYSTEM COST BENEFIT ANALYSIS/IMPLEMENTATION PLAN

REFERENCE:

The purpose of this letter is to transmit the Food Stamp On-Line Issuance System (FSOLIS) Cost Benefit Analysis/Implementation Plan (CBA/IP) and to provide details about the CBA/IP workshops to be held at the end of April 1985.

In Senate Bill 1379, effective July 1, 1984, the State Legislature directed the State Department of Social Services (SDSS) to develop and implement the Statewide Automated Welfare System (SAWS) (see July 13, 1984 All County Letter). One of the SAWS functions is a FSOLIS. A FSOLIS must meet the set of criteria and requirements for an automated food stamp issuance, reconciliation, and reporting system for authorized food stamp benefits. Through this system, benefit amounts can be immediately updated or cancelled, redemptions instantaneously recorded, reconciliations automatically performed, and management reports generated.

Currently, the Food Stamp Automated Issuance and Reporting (FAIR) system is the only SDSS approved FSOLIS in operation in California. FAIR is an automated on-line system which, with the use of terminals, communications equipment, data files, and a centrally located mainframe computer, provides issuance site and county welfare department personnel with the information necessary to issue benefits. To receive benefits, a recipient presents a permanent magnetically encoded identification card at an issuance site. Benefits are verified, the issuance data file is updated, a transaction receipt is generated, and the recipient is issued benefits. The system provides immediate participation and reconciliation data, minimizing the probability of duplicate issuances within the county.

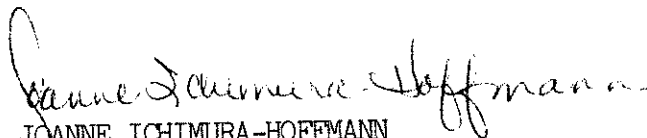
In accordance with the proposed Division 63 regulations on FSOLIS, all counties with food stamp caseloads of 2,000 or more households must complete and submit CBA/IPs to SDSS by July 1, 1985 and must implement a FSOLIS where cost effective by July 1, 1986. Counties with fewer than 2,000 food stamp households may submit a CBA/IP on an optional basis and may implement a FSOLIS if cost effective. A copy of the CBA/IP and information regarding its completion are attached (Attachments 1 and 2).

To assist the counties in the preparation of the CBA/IP, SDSS will hold three workshops during April 1985. All counties are encouraged to attend the workshops. Attachment 3 contains the particulars concerning the workshops.

Prior to completing the CBA/IP, each county must submit a Statement of Intent (Attachment 4). The Statement of Intent is used to secure enhanced funding to cover costs for preparing the CBA/IPs. Those counties attending the workshops will be given the opportunity to complete their Statements of Intent at that time. Mandated counties that are unable to attend the workshops need to submit their Statements of Intent by April 30, 1985.

Questions regarding this letter, the FSOLIS CBA/IP, the Statement of Intent or the workshops should be directed to Kirby Fukushima at (916) 924-2997.

Sincerely,



JOANNE ICHIMURA-HOFFMANN

Deputy Director

Management Systems and
Evaluation Division

Attachments

cc: SAWS State Steering Committee
SAWS CWDA Steering Committee
CWDA

ATTACHMENT 1

STATEWIDE AUTOMATED WELFARE SYSTEM
FOOD STAMP ON LINE ISSUANCE SYSTEM
COST BENEFIT ANALYSIS AND IMPLEMENTATION PLAN

April 1985

COUNTY

PREPARED BY

DATE

PHONE NUMBER

TITLE

Return Completed Forms to:

State Department of Social Services
County Standards Section
744 P Street, M.S. 19-58
Sacramento, CA 95814

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INSTRUCTIONS FOR COMPLETING THE
COST BENEFIT ANALYSIS/IMPLEMENTATION PLAN

Following are instructions and comments regarding each line item on the Cost Benefit Analysis/Implementation Plan (CBA/IP). Each line item of the CBA/IP document must be completed. For those items not applicable to your agency, enter "N/A".

If you have questions concerning the completion of this document, please contact Miren Foruria of the State Department of Social Services, County Standards Section, at (916) 924-2909.

I. ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

Include one-time costs for development and implementation of interfaces, conversion and training.

A. STAFF RESOURCES

1. Vendor/Outside Consultant Fees

Include such fees as Alpha Beta Associates for Welfare Case Data System counties or temporary clerical fees for support services such as training, data entry, and conversion.

2. Central Data Processing Charges

Include any charges that a county data center would bill to the county welfare department (CWD) for Food Stamp On-Line Issuance System (FSOLIS) development. This section does not include any costs incurred by a CWD's data processing staff.

3. CWD Staff

List the CWD staff you plan to involve in FSOLIS development and implementation tasks. Although you are required to report this information, these cannot be claimed by your agency as developmental costs.

B. SITE PREPARATION

Include environmental changes such as carpentry, wiring, cables, etc., needed for installation of terminals or equipment.

C. MAIL

Include CWD mail costs only, such as postage and mailing machines.

D. SUPPLIES

Include general supplies such as transaction receipts, handbooks, training materials, user manuals, stuffers, etc. Only those costs necessary for testing or training prior to full implementation should be included.

E. HARDWARE OPERATING COSTS

Include only those charges specific to testing and implementation, such as source listing printing and CPU costs.

F. TRAINING COSTS

Include only those costs incurred in training selected CWD staff who will, in turn, train other staff. Costs include salaries, benefits, travel, etc. Reimbursement for training CWD staff is subject to existing staff development criteria.

G. EQUIPMENT

If your agency plans to purchase equipment, report the total cost of the purchase. If your agency plans to lease equipment, include only those costs associated with the initial testing and conversion phase. However, equipment expenditures must be claimed in accordance with All County Letter 82-100.

H. OTHER

Describe in detail any other implementation costs not mentioned above.

II. ANNUAL ONGOING MAINTENANCE AND OPERATIONS COSTS

Costs must reflect amounts related to food stamp issuance activities only.

A. CWD STAFF RESOURCES

Detail the annual administrative staff costs for food stamp issuance activities, including report preparation, replacement processing, reconciliation, etc. Remember that these costs must be claimed in accordance with All County Letters 82-10 and 82-100.

B. SUPPLIES

Include supplies needed for food stamp issuance activities only, such as envelopes, ATPs, direct mail notices, stuffers and information notices. Issuance access device mailing costs may be included only if they are part of the contract.

C. DATA PROCESSING

- o Lease charges, purchase installments and maintenance contracts should be included only if the CWD is a party to the contract.

- o Whatever charges county data processing invoices include should be listed under the "direct bill" item, prorated for the amount applicable to food stamp issuance activities only (as opposed to certification activities). Charges related to any access of the issuance file, including on-line inquiry, should be included.
- o Overhead includes allocated charges not directly billed. Overhead should be prorated to the issuance activity.
- o Vendor transaction fees include inquiry transaction fees.

D. MAIL

Include CWD mail costs for ATPs (only if mailed separately from AFDC warrants), direct mail issuance, or issuance access devices.

E. ISSUANCE TRANSACTION COSTS

Identify types of charges by specifying method, such as direct mail or ATP.

F. OTHER

Describe any ongoing costs not specified above.

G. PROGRAM LOSS/MAIL LOSS

1. Program Loss

From your 12 most recent FNS 46 reports (as amended or reconciled), show the sum of line items 15 and 20.

2. Mail Loss

From Section 8 of your four most recent FNS 259 reports (as amended or reconciled), calculate quarterly mail loss as follows: $(b+f+j) - (c+g+k)$. Total the four quarters to obtain yearly mail loss.

III. COST BENEFIT ANALYSIS

Complete as indicated.

IV. OTHER INFORMATION

Answer each question or provide the information requested.

V. PRELIMINARY FSOLIS WORK PLAN

Complete the chart, indicating the month(s) in which particular tasks will begin and will be completed. In lieu of this chart, counties may prepare and forward their own charts to the SDSS.

PART I
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

A. STAFF RESOURCES

1. VENDOR/OUTSIDE CONSULTANT FEES

	Vendor	Service	Hours	\$/Hour	Total	
a.	_____	_____	_____	X	_____	
b.	_____	_____	_____	X	_____	
c.	_____	_____	_____	X	_____	
d.	_____	_____	_____	X	_____	
e.	TOTAL VENDOR/OUTSIDE CONSULTANT FEES					\$ _____

2. CENTRAL DATA PROCESSING CHARGES
(Non-County Welfare Department (CWD))

a. Analysis and Design Personnel

	Class	Cost/Hour	Total Hrs.	Overhead	Total	
1)	_____	_____	_____	_____	_____	
2)	_____	_____	_____	_____	_____	
3)	_____	_____	_____	_____	_____	
4)	Total Analysis and Design Personnel					\$ _____

b. Programming Personnel

	Class	Cost/Hour	Total Hrs.	Overhead	Total	
1)	_____	_____	_____	_____	_____	
2)	_____	_____	_____	_____	_____	
3)	_____	_____	_____	_____	_____	
4)	Total Programming Personnel					\$ _____

c. Documentation Personnel

(Such as clerical and technical writers)

	Class	Cost/Hour	Total Hrs.	Overhead	Total	
1)	_____	_____	_____	_____	_____	
2)	_____	_____	_____	_____	_____	
3)	_____	_____	_____	_____	_____	
4)	Total Documentation Personnel					\$ _____

d. Electronic Data Processing Operations Personnel

	Class	Cost/Hour	Total Hrs.	Overhead	Total	
1)	_____	_____	_____	_____	_____	
2)	_____	_____	_____	_____	_____	
3)	_____	_____	_____	_____	_____	
4)	Total Data Processing Operations Personnel					\$ _____

e. Other Personnel

	Class	Cost/Hour	Total Hrs.	Overhead	Total	
1)	_____	_____	_____	_____	_____	
2)	_____	_____	_____	_____	_____	
3)	_____	_____	_____	_____	_____	
4)	Total Other Personnel					\$ _____

f. TOTAL CENTRAL DATA PROCESSING CHARGES (Non-CWD) \$ _____

3. COUNTY WELFARE DEPARTMENT STAFF

(Note: Although necessary to report on this document, these costs cannot be claimed by your agency as developmental costs.)

	Class	Cost/Hour	Total Hrs.	Total
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				
j.				
k.				
l.				
m.	TOTAL COUNTY WELFARE DEPARTMENT STAFF			\$

B. SITE PREPARATION

1.	Issuance Sites	\$
2.	CWD District Offices	
3.	Other Locations (Specify)	
4.	TOTAL SITE PREPARATION	\$

C. MAIL

(CWD Only)

\$

D. SUPPLIES

1.	General Supplies	\$
	(Testing and training only)	
2.	Issuance Access Devices	
	(Initial issuance and testing only)	
3.	TOTAL SUPPLIES	\$

E. HARDWARE OPERATING COSTS

(Testing and implementation only)

\$

F. TRAINING COSTS

(CWD and issuance site trainers only)

\$

G. EQUIPMENT

1.	Issuance Sites				
	Description	Lease (L)	# Units	Unit Cost	Total
		Purchase (P)			
a.					
b.					
c.					
d.					
e.					
f.	SUBTOTAL ISSUANCE SITES				
g.	VOLUME DISCOUNT				
h.	SALES TAX				
i.	TOTAL ISSUANCE SITE EQUIPMENT				\$

2. Central Processing Site

	Description	Lease (L) Purchase (P)	# Units	Unit Cost	Total
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____
f.	SUBTOTAL CENTRAL PROCESSING SITE				_____
g.	VOLUME DISCOUNT				()
h.	SALES TAX				_____
i.	TOTAL CENTRAL PROCESSING SITE				\$ _____

3. County Welfare Department District Offices

	Description	Lease (L) Purchase (P)	# Units	Unit Cost	Total
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____
f.	SUBTOTAL CWD DISTRICT OFFICES				_____
g.	VOLUME DISCOUNT				()
h.	SALES TAX				_____
i.	TOTAL CWD DISTRICT OFFICE EQUIPMENT				\$ _____

4. Other Equipment

(Such as magnetic card production equipment)

Please specify location: _____

	Description	# Units	Unit Cost	Total
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____
f.	SUBTOTAL OTHER EQUIPMENT			_____
g.	VOLUME DISCOUNT			()
h.	SALES TAX			_____
i.	TOTAL OTHER EQUIPMENT			\$ _____

5. TOTAL OTHER EQUIPMENT (Items G1 through G4) \$ _____

H. OTHER ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

Please identify:

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. TOTAL OTHER ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS \$ _____

PART I SUMMARY
ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS

A. STAFF RESOURCES

1. Vendor/Outside Consultant Fees \$ _____

2. Central Data Processing Charges (Non-CWD) _____

3. County Welfare Department Staff _____

B. SITE PREPARATION _____

C. MAIL _____

D. SUPPLIES _____

E. HARDWARE OPERATING COSTS _____

F. TRAINING COSTS _____

G. EQUIPMENT _____

H. OTHER _____

I. SUBTOTAL ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS \$ _____

J. LESS CWD STAFF (Item A3) (_____)

K. TOTAL ONE-TIME DEVELOPMENT/IMPLEMENTATION COSTS \$ _____

PART II
ANNUAL ONGOING MAINTENANCE AND OPERATIONS COSTS

A. STAFF RESOURCES

Class	Annual Cost	Current Number Positions	Proposed Number Positions	CURRENT SYSTEM	PROPOSED SYSTEM
1. _____	\$ _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. TOTAL STAFF RESOURCES				\$ _____	\$ _____

B. SUPPLIES

			CURRENT SYSTEM	PROPOSED SYSTEM
1. General Supplies (Issuance activities only)			\$ _____	\$ _____
2. Permanent Magnetic Cards				
Number	\$ _____	Unit Cost		_____
3. Temporary Magnetic Cards				
Number	\$ _____	Unit Cost		_____
4. TOTAL SUPPLIES			\$ _____	\$ _____

C. DATA PROCESSING

		CURRENT SYSTEM	PROPOSED SYSTEM
1. Lease Charges			
a. Computer and peripherals		\$ _____	\$ _____
b. Communications equipment		_____	_____
c. Data communications lines		_____	_____
d. Magnetic card equipment		_____	_____
e. _____		_____	_____
f. TOTAL LEASE CHARGES		\$ _____	\$ _____
2. Purchase Installments			
a. Software			
1) _____		\$ _____	\$ _____
2) _____		_____	_____
b. Other			
1) _____		\$ _____	\$ _____
2) _____		_____	_____
c. TOTAL PURCHASE INSTALLMENTS		\$ _____	\$ _____
3. Maintenance Contracts (If not included in lease charges)			
a. Software		\$ _____	\$ _____
b. Hardware		_____	_____
c. TOTAL MAINTENANCE CONTRACTS		\$ _____	\$ _____
4. Direct Bill (Issuance Activity)		\$ _____	\$ _____
5. Overhead (If not included in direct bill)		\$ _____	\$ _____
6. Transaction Fee		\$ _____	\$ _____

	CURRENT SYSTEM	PROPOSED SYSTEM
7. Other Data Processing Costs		
a. _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____
c. TOTAL OTHER DATA PROCESSING	\$ _____	\$ _____
8. TOTAL DATA PROCESSING COSTS (Items C1 through C7)	\$ _____	\$ _____
D. MAIL		
	CURRENT SYSTEM	PROPOSED SYSTEM
	\$ _____	\$ _____
E. ISSUANCE TRANSACTION COSTS		
	CURRENT SYSTEM	PROPOSED SYSTEM
Vendor Method #/Year Unit Cost		
1. _____	\$ _____	\$ _____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. TOTAL ISSUANCE TRANSACTION COSTS	\$ _____	\$ _____
F. OTHER ANNUAL ONGOING MAINTENANCE AND OPERATIONS COSTS		
	CURRENT SYSTEM	PROPOSED SYSTEM
1. _____	\$ _____	\$ _____
2. _____	_____	_____
3. _____	_____	_____
4. TOTAL OTHER COSTS	\$ _____	\$ _____
G. ANNUAL ONGOING PROGRAM LOSS/MAIL LOSS		
	CURRENT SYSTEM	PROPOSED SYSTEM
1. PROGRAM LOSS	\$ _____	\$ _____
(Sum of Lines 15 and 20 from the twelve most recent FNS 46 reports, as amended or reconciled)		
Enter report months used to compute annual program loss for current system		
Begin _____ End _____		
Month/Year Month/Year		
2. MAIL LOSS	\$ _____	\$ _____
(Section 8 from the four most recent FNS 259 reports, as amended or reconciled: (b+f+j) - (c+g+k))		
Enter report period used to compute annual mail loss for current system		
Begin _____ End _____		
Month/Year Month/Year		
3. TOTAL ANNUAL ONGOING PROGRAM LOSS/MAIL LOSS	\$ _____	\$ _____

PART II - SUMMARY
ANNUAL ONGOING MAINTENANCE AND OPERATIONS COSTS

	CURRENT SYSTEM	PROPOSED SYSTEM
A. STAFF RESOURCES	\$ _____	\$ _____
B. SUPPLIES	_____	_____
C. DATA PROCESSING	_____	_____
D. MAIL	_____	_____
E. ISSUANCE TRANSACTION COSTS	_____	_____
F. OTHER ANNUAL ONGOING COSTS	_____	_____
G. ANNUAL ONGOING PROGRAM LOSS/MAIL LOSS	_____	_____
H. TOTAL ANNUAL ONGOING MAINTENANCE AND OPERATIONS COSTS	\$ _____	\$ _____

PART III
FSOLIS COST BENEFIT ANALYSIS

A. Total One-Time Development/Implementation Costs

(Exclude County Welfare Department Staff) (Page 7 Item K) \$ _____

B. County Welfare Department Staff (Page 7 Item A-3) \$ _____

C. Total Annual Ongoing Maintenance

& Operations Costs - CURRENT SYSTEM (Page 10 Item H) \$ _____

D. Total Annual Ongoing Maintenance

& Operations Costs - PROPOSED SYSTEM (Page 10 Item H) \$ _____

E. Payback Period = $\frac{\text{Line A}}{(\text{Line C} - \text{Line D})} \times 12 = \text{_____ Months}$

PART IV
OTHER INFORMATION

A. Please prepare and attach a proposed hardware configuration. Indicate, by site location, where each piece of equipment will be located.

B. Division 28 Competitive Bid Procedures

In addition to preparing this CBA/IP, please provide an explanation outlining the competitive procurement procedures that will be used to lease, rent, or purchase equipment or services from private vendors or consultants. Please remember that according to Division 28 regulations written approval must be obtained from SDSS prior to:

1. Issuing to prospective bidders: Requests for Proposal (RFP) and Invitations for Bid (IFB),
2. Accepting of any bid,
3. Sole source procurement, or
4. Signing any contract for complex procurements (in counties with a history of performance problems as specified in section (d)(3)(A)).

Identify each phase of this process in the Preliminary FSOLIS Work Plan in Part V.

C. Will the FSOLIS you plan to implement comply with FSOLIS regulations, contained in Division 63 of the SDSS Manual of Policies and Procedures?
Yes _____ No _____

D. Will the FSOLIS you plan to implement meet the SAWS System Standards?
Yes _____ No _____

E. Please report your agency's actual and forecasted number of food stamp issuances for an annual period by method of issuance.

METHOD OF ISSUANCE	CURRENT SYSTEM		PROPOSED FSOLIS	
	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	_____	100.0	_____	100.0
MAIL	_____	_____	_____	_____
OVER-THE-COUNTER	_____	_____	_____	_____

F. Food stamp issuance will be staggered over _____ days. If less than 10 issuance days please provide justification.

G. Does your agency plan to serve approximately the same number of households on each issuance day? Yes ____ No ____

If not, please explain: _____

H. Specify the expected maximum number of transactions per hour for each proposed issuance site location.

ISSUANCE SITE LOCATION	MAXIMUM NUMBER OF TRANSACTIONS/HOUR	NUMBER OF TERMINALS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART V
PRELIMINARY FSOLIS WORK PLAN

	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
Implementation plan							
System design document							
Order equipment							
Detailed design document							
Programming or procedure							
Installing equip							
Test data generated from revised pgms or procedures							
Testing							
System documentation							
Training documentatn							
Conversion/file load							
Training							
Acceptance test							
Post implementation review							

ATTACHMENT 2

INFORMATION REGARDING THE COMPLETION OF THE
FSOLIS CBA/IP

General Information

- o All Cost Benefit Analysis/Implementation Plans (CBA/IPs) must be submitted by July 1, 1985 to:

State Department of Social Services (SDSS)
County Approvals Section
744 P Street, M.S. 19-12
Sacramento, CA 95814

- o The Food Stamp Automated Issuance and Reporting (FAIR) system developed by the Welfare Case Data System counties is the only SDSS approved FSOLIS in operation in California. FAIR is an automated on-line system which, with the use of terminals, communications equipment, data files, and a centrally located mainframe computer, provides issuance site and county welfare department personnel with the information necessary to issue benefits. To receive benefits, a recipient presents a permanent magnetically encoded identification card at an issuance site. Benefits are verified, the issuance data file is updated, a transaction receipt is generated, and the recipient is issued benefits. The system provides immediate participation and reconciliation data, minimizing the probability of duplicate issuances within the county.
- o The development of FAIR was approved for enhanced funding by the Food and Nutrition Service (FNS). FNS does not intend to fund the development of another FSOLIS alternative in California unless it can be demonstrated that it is more cost effective than FAIR. As such, your CBA/IP should be completed using the FAIR system as a basis. Copies of FAIR documentation may be obtained at the workshops or by submitting a written request to:

State Department of Social Services
County Standards Section
744 P Street, M.S. 19-58
Sacramento, CA 95814

- o If your agency determines that a FSOLIS other than FAIR better meets its needs, please complete and submit a separate CBA/IP with supporting narrative justifying that alternative.
- o Data listed in the CBA/IP should reflect total costs and savings (State, federal and county) and should not be limited to county share.
- o The methodology used in determining development, implementation, and ongoing maintenance costs and savings must be consistent with prevailing claiming requirements.

- o Counties which intend to contract with a private vendor for the completion of the CBA/IP must comply with the competitive procurement procedures outlined in Division 28 if the cost of preparing the CBA/IP is \$10,000 or greater.

Funding for Completion of the CBA/IP

- o Once the Statements of Intent are approved by SDSS, the County Approvals Section will assign a project account number to each county and will provide instructions to claim costs for the preparation of the CBA/IP.
- o For claiming and reimbursement purposes, costs attributable to the preparation of the CBA/IP must be reported in accordance with the current administrative claiming requirements. Allowable costs will be reimbursed at the enhanced level of 75% federal funds, 12.5% State and 12.5% county funds, and are subject to the Food Stamp Program allocation.

Statement of Intent

- o Prior to completing the CBA/IP, each county must submit a Statement of Intent. Attachment 4 is provided for this purpose.
- o The Statements of Intent will be collected during the workshops. Counties unable to attend the workshops should submit the Statements of Intent by April 30, 1985 to:

State Department of Social Services
County Approvals Section
744 P Street, M.S. 19-12
Sacramento, CA 95814

ATTACHMENT 3
WORKSHOP INFORMATION

SDSS has identified those counties which, as of February 1, 1985, had food stamp caseloads of at least 2,000 households. These counties have been assigned to specific workshops. Counties with smaller caseloads are also welcome to attend as indicated.

The objectives of the workshops are:

- o To present and discuss the concept and purpose of FSOLIS.
- o To discuss the development, implementation, and ongoing benefits and problems associated with the Food Stamp Automated Issuance and Reporting (FAIR) system.
- o To present and discuss the State system standards for a FSOLIS.
- o To provide detailed information relative to each line item in the CBA/IP including low, medium and high cost estimates for each item.
- o To answer specific county questions regarding: FSOLIS, the line items on the CBA/IP, and claiming instructions relative to both the preparation of the CBA/IP and the development and implementation of a FSOLIS.
- o To complete the Statements of Intent.
- o To discuss the implementation schedule for FY 1985/86.

Please contact Valerie Vagg of SDSS at (916) 924-2911 by April 19, 1985 to indicate whether your county will be represented at a workshop and how many staff will be attending. The workshop will be beneficial to program, fiscal, and data processing staff.

During the workshops, the counties will be expected to complete Statements of Intent, including information regarding the estimated costs of preparing the CBA/IPs. Attachment 4 has been provided for this purpose. If your county is unable to attend the workshop, Attachment 4 should be completed and submitted as indicated by April 30, 1985. Questions concerning the Statement of Intent should be directed to Kirby Fukushima at (916) 924-2994.

Sacramento Workshop

Date: Friday, April 26, 1985

Time: 10 a.m. - 4 p.m.

Location: State Department of Social Services
2005 Evergreen St., Diamond Room
Sacramento, CA 95814

Counties with Food Stamp caseloads above 2,000:

Butte	Shasta
Humboldt	Solano
Mendocino	Yolo
Placer	Yuba
Sacramento	

Counties with Food Stamp caseloads below 2,000:

Alpine	Modoc
Amador	Nevada
Calaveras	Plumas
Colusa	Sierra
Del Norte	Siskiyou
El Dorado	Sutter
Glenn	Tehama
Lake	Trinity
Lassen	

Orange Workshop

Date: Monday, April 29, 1985
Time: 10 a.m. - 4 p.m.
Location: County of Orange
Staff Development Office
1440 East First Street, Room 211
Santa Ana, CA

Counties with Food Stamp caseloads above 2,000:

Imperial	San Bernardino
Kern	San Diego
Kings	Santa Barbara
Orange	Tulare
Riverside	Ventura

Counties with Food Stamp caseloads below 2,000:

Inyo	San Luis Obispo
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Alameda Workshop

Date: Tuesday, April 30, 1985

Time: 10:00 a.m. - 4:00 p.m.

Location: Alameda County Welfare Department
401 Broadway, Rm. 500 (Green Room)
Oakland, CA 94607

Counties with Food Stamp caseloads above 2,000:

Alameda	San Mateo
Contra Costa	Santa Cruz
Merced	Sonoma
Monterey	Stanislaus
San Joaquin	

Counties with Food Stamp caseloads below 2,000:

Madera	Napa
Mariposa	San Benito
Marin	Tuolumne
Mono	

ATTACHMENT 4
STATEMENT OF INTENT
TO COMPLETE A FSOLIS CBA/IP

1. County: _____
2. Date: _____
3. Alternative Being Evaluated: ☐ FAIR
 ☐ Other: _____ (Attach Justification)
4. Person Completing Statement of Intent:
 Name: _____
 Title: _____
 Address: _____

 Telephone: _____
5. Person Completing CBA/IP:
 Name: _____
 Title: _____
 Address: _____

 Telephone: _____
6. Total Estimated Costs for Completing CBA/IP:
 (Including federal, State and county shares)
7. Methodology Used to Estimate Costs:
 (Attach additional sheets if necessary)